STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195447	A. Building B. Wing	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor West	7060 Cottonwood Blvd Shreveport, LA 71129

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on record review, observations, and interviews the facility failed to follow physician orders for 1(#87) of 1 resident reviewed for tube feedings. The facility failed to administer medications to Resident #87 as ordered by physician prior to bolus feeding. Review of Resident #87's medical diagnoses revealed the following but not limited to moderate protein-calorie malnutrition, dysphagia, oropharyngeal phase, encounter for attention to gastrostomy, pneumonitis due to inhalation of other solids and liquidsReview of Resident #87's March 2026 Physician Orders revealed:11/05/2025: Carafate Oral Tablet 1 GM (Sucralfate); Give 1 tablet via PEG tube four times a day related to anemia; give down tube 30 minutes prior to bolus feeding. 09/15/2025: Tube feeding formula: Isosource 1.5 carton bolus. Give one carton (250 ml) bolus per PEG tube twice daily to deliver 750 calories, 34 gm protein and 500 ml total volume; two times a dayReview of Quarterly MDS (minimum data sets) dated 02/03/2026 revealed Resident #87 was assessed to have BIMS of 4 out of 15 indicating severely impaired cognition. Observation on 03/10/2026 at 11:10 a.m. of Resident #87's bolus feeding revealed S8 LPN administered Carafate 1gm at the time of Isosource 1.5 bolus feeding. During an interview on 03/10/2026 at 1:50 p.m. S8 LPN confirmed Resident #87's Carafate 1 gm was administered at the time of the Isosource 1.5 bolus feeding.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews, observations, and interview, the facility failed to ensure residents who were unable to complete their Activities of Daily Living received the necessary services to maintain grooming for 1 (Resident #91) of 1 resident reviewed for Activities of Daily Living. The facility failed to ensure nail care was provided for Resident #91. Findings:Review of Resident #91's Medical Diagnoses revealed the following but not limited to dysphagia following cerebrovascular disease, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, and dementia. Review of Resident #91's Quarterly MDS dated [DATE] was assessed to have a BIMS of 03 out of 15 indicating severely impaired cognition. Observation on 03/09/2026 at 1:00 p.m. revealed Resident #91's finger nails on the right hand had grown over the nail bed. Observation on 03/11/2026 at 3:00 p.m. with S3 ADON revealed Resident #91's finger nails on the left hand had grown over the nail bed. During an interview on 03/11/2026 at 3:00 p.m. S3 ADON confirmed Resident #91 finger nails had grown over the nail bed and needed to be trimmed.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate dialysis care/services for a resident who requires such services. Based on record reviews and interviews, the facility failed to ensure that a resident who required dialysis received services consistent with professional standards of practice for 1 (#5) of 1 resident reviewed for dialysis by failing to communicate and collaborate with the dialysis facility. The facility failed to complete the dialysis communication sheet and monitor Resident #5 for complications after each dialysis treatment. Findings: Review of Resident #5's Medical Diagnoses revealed the following but not limited to end stage renal disease and dependence on renal dialysis.Review of Resident #5's March 2026 Physician Orders revealed an order dated 12/17/2025 for Hemodialysis on Monday, Wednesday, and Friday at 9:30 a.m. Review of Annual MDS (Minimum Data Sets) dated 12/09/2025 Resident #5 was assessed to have a BIMS of 04 out of 15 indicating severely impaired cognition. Review of facility's dialysis communication forms for February 2026 revealed: Review of Resident #5's Dialysis Communications forms were not completed at all on the following dates 02/04/2026, 02/06/2026, 02/09/2026, and 02/13/2026.Review of Resident #5's Dialysis Communication forms were not completed upon Resident #5 return from dialysis on the following dates 02/16/2026, 02/18/2026, 02/23/2026, and 02/25/2026. During an interview on 03/10/2026 at 4:00 p.m. S6 LPN (Licensed Practical Nurse) reviewed Resident #5's Dialysis Communication forms for February 2026 and confirmed Resident #5's Dialysis Communication forms should have been completed with each dialysis treatment and was not. During an interview on 03/11/2026 at 8:00 a.m. S2 DON (Director of Nursing) reviewed Resident #5's Dialysis Communications forms for February 2026 and confirmed Resident #5's Dialysis Communication forms should have been completed on each dialysis treatment and was not.

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interview the facility failed to provide the resident and the resident's representative with the facility bed hold policy at the time of transfer as required for 1(#16) of 2 residents reviewed for hospitalization. Findings:Review of facility's Bed Hold Policy with a revision date 12/24 revealed in part:2. When a resident is transferred to the hospital, or goes out on therapeutic leave, bed hold notice information is provided to the resident, specifying the duration of the bed-hold according to the state plan, and the facility's policy regarding bed-hold periods. In case of emergency transfer, notice at the time of transfer means that the family or resident representative are provided with written notification within 24 hours of the transfer. The requirement is met if the resident's copy of the notice is sent with other papers accompanying the resident to the hospital. Review of Resident #16's face sheet revealed an initial admission date of 09/04/2025 and a re-entry date of 10/20/2025 with the following medical diagnoses but not limited to non-ruptured cerebral aneurysm, gastrointestinal hemorrhage, iron deficiency anemia, chronic obstructive pulmonary disease, acute pulmonary edema, and chronic systolic (congestive) heart failure. Review of Resident #16's MDS (Minimum Data Sets) revealed February 2026 discharges to an acute hospital on [DATE] and 02/19/2026. During an interview on 3/11/2026 at 12:30 p.m. S2 DON (Director of Nursing) reviewed Resident #16's medical record and confirmed there was no documentation Resident #16 or Resident #16's responsible party was informed of the facility's bed hold policy at time of transfer to the hospital on [DATE] and 02/19/2026.

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident?s assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to ensure resident assessments were transmitted within the required timeframe for 1 (#48) of 1 resident reviewed for resident assessment. FindingsReview of Resident #48's medical record revealed an admission date of [DATE]. Further review revealed Resident #48 expired and was discharged on [DATE]. Review of Resident #48's MDS assessment revealed a discharge date of [DATE]. Further review of Resident #48's discharge MDS assessment revealed a signed date of [DATE]. During an interview on [DATE] at 8:10 a.m., S7MDS Nurse reported Resident #48 was discharged on [DATE]. S7MDS Nurse further reported Resident #48's discharge MDS assessment was not transmitted until [DATE]. During an interview on [DATE] at 8:10 a.m., S5RN, Medicare Case Manager confirmed Resident #48's discharge MDS assessment was not transmitted until [DATE]. S5RN, Medicare Case Manager further confirmed Resident #48's discharge MDS assessment should have been completed by [DATE].

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on observation, record review, and interview, the facility failed to revise the plan of care after a change in condition for 1(#14) of 3 (#13, #14, #18) residents reviewed for accidents. The facility failed to revise Resident #14's plan of care to reflect the removal of a wander/elopement alarm. Review of Resident #14's medical record revealed an admit date of 07/19/2022 with a diagnosis of but not limited to dementia in other diseases, unspecified anxiety disorder and Alzheimer's disease.Review of Resident #14's Quarterly Minimum Data Set revealed Resident #14 was assessed to have a Brief Mental Status Interview Score of 6 indicating severely impaired cognition. Review of Resident #14's comprehensive plan of care revealed Resident #14 had an intervention/approach of, wander/elopement alarm in place on left ankle.Observation on 03/11/2026 at 2:45 p.m. with S10 Licensed Practical Nurse, revealed Resident #14 did not have a wander/elopement alarm on her left ankle. During an interview on 03/11/2026 at 2:57 p.m. S5 Registered Nurse Medicare Case Manager reported that an elopement assessment had been completed on Resident #14 last week, which resulted in the removal of Resident #14's wander/elopement alarm. S5 Registered Nurse Medicare Case Manager confirmed she failed to revise/update Resident #14's plan of care to reflect this removal.During an interview on 03/11/2026 at 3:13 p.m. S2 DON confirmed Resident #14's plan of care should have been revised/updated to reflect the removal of Resident #14's wander/alert alarm.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on record review, observation, and interview, the facility failed to ensure a resident's narcotic record was maintained and reconciled for 1 (#30) of 1 resident individual narcotic record reviewed.Review of the facility's Drug-Controlled Substances Policy dated 09/2025 revealed the following: Controlled medications are to be signed out on Individual Resident Narcotics Record at the time they are administered.Observation on 03/11/2026 at 9:05 a.m. with S4 LPN revealed Resident #30's Individual Narcotic Record for Pregabalin 25 milligrams had a documented count of 47. Review of Resident #30's narcotic card of Pregabalin 25 milligrams revealed an actual count of 46. During an interview on 03/11/2026 at 9:05 a.m. S4 LPN reported she had given Resident #30's Pregabalin but failed to sign it out on Resident #30's Individual Narcotic Record. S4 LPN confirmed she should have signed the medication out at the time of administration.

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F 0924 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Put firmly secured handrails on each side of hallways. Based on observations and interviews the facility failed to ensure all corridors were equipped with a complete and secure handrail. The facility failed to ensure handrails were complete and secure on 1(Hall A) of 6 resident hallways observed. Findings Observation on 03/09/3026 at 3:00 p.m. with S9 Service Tech, revealed the handrail on Hall A did not have an end cap, leaving a sharp metal piece exposed and was not secured to the wall. During an interview on 03/09/26 at 3:00 p.m., S9 Service Tech confirmed the handrail did not have an end cap and was unsecure. During an interview on 03/11/2026 at 3:56 p.m., S1Administrator confirmed Hall A handrail should have been repaired.